



**Source**<sup>TM</sup>

**Lifestyle Insurance**  
Policy Booklet  
July 2018

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## Introduction

This **Policy** document, **Your Schedule** and any endorsement(s) should be read together as one document.

It is important **You** read them carefully to make sure they meet **Your** needs. Please also check **Your Schedule** carefully to make sure the information **You've** given **Us** is correct.

**You** must tell **Us** if this information is wrong, or if it changes. **You** have responsibility to take reasonable care not to make a misrepresentation, as doing so may affect the Insurers decision to pay a claim.

If any of the information **We** have recorded is incorrect, or if **You've** got any questions about this insurance, please contact Red Apple Group Limited trading as Source Insurance - who administer this **Policy** on **Our** behalf - on **02920 265 265**. Provided **Your Premium** is paid, and **You** adhere to the conditions of **Your Policy**, **We** will pay the agreed benefit in the event of a successful claim.

### **Please keep these documents together in a safe place.**

In return for the payment of **Your Premium**, **We** will provide the insurance cover detailed in this **Policy** document, subject to the terms, conditions, and limitations shown below or as amended in writing by **Us** and during the **Period of Insurance**.

This insurance is administered and arranged by Red Apple Group Limited trading as Source Insurance and underwritten by UK General Insurance Limited on behalf of Great Lakes Insurance SE. Great Lakes Insurance SE is a German insurance company with its headquarters at Königinstrasse 107, 80802 Munich. UK Branch office: Plantation Place, 30 Fenchurch Street, London, EC3M 3AJ.

Red Apple Group Limited Trading as Source Insurance is authorised and regulated by the Financial Conduct Authority.

UK General Insurance Limited is authorised and regulated by the Financial Conduct Authority. Firm Reference No.310101. **You** can check **Our** details on the Financial Services Register <https://register.fca.org.uk/>.

Great Lakes Insurance SE, UK Branch, is authorised by Bundesanstalt für Finanzdienstleistungsaufsicht and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority. Firm reference number 769884. Details about the extent of their regulation by the Financial Conduct Authority and Prudential Regulation Authority are available on request.

## Definitions

Please see below definitions of words and terms which are used in **Your Policy** wording.

If **We** explain what a word means, that word has the same meaning wherever it appears in **Your Policy** or **Schedule**. These words are highlighted in bold throughout **Your Policy**.

**Accident:** A **Bodily Injury** for which **You** are under the continuing care of a **Doctor** or **Consultant** that prevents **You** from carrying out **Your** normal occupation - or any other **Work You** are reasonably able to do - given **Your** experience, education or training.

**Administrator:** The **Administrator** of **Your Policy** is Red Apple Group Limited trading as Source Insurance

**Amendment Date:** The date on which a change is made to **Your Policy**. The **Amendment Date** is shown in **Your Schedule**.

**Benefit Period:** The maximum number of **Monthly Benefit** payments payable for a single claim. This will be shown in **Your Schedule**.

**Bodily Injury:** Means injury which is caused by accidental means and which, solely and independently of any other cause, results directly in **You** being unable to engage in **Your** usual occupation.

**Business:** Means a company, trade, industry or profession which is registered in the United Kingdom.

**Carer, Caring:** Being required to care for a member of **Your Immediate Family**, and receiving a **Carer's Allowance** from the Department of Work and Pensions (DWP).

**Ceased to Trade:** Means the **Business** has permanently stopped trading due to circumstances entirely beyond **You** control or the control of any director or partner in **Your Business**, and has been wound up or put into the hands of a registered insolvency practitioner or, if the **Business** is a partnership that the partnership has been permanently dissolved

**Claims Handler:** Trent-Services (Administration) Limited, Trent House, Love Lane, Cirencester, Gloucestershire, GL7 1XD.

**Consultant:** A medical specialist who is a member of an appropriate Royal College that recognises the person as a specialist in the **UK**. A **Consultant** cannot be **You**, a member of **Your Immediate Family**, or **Your** employer.

**Contract Worker:** Working under a contract of employment - or a contract for services - for a fixed period of time.

**Daily Benefit:** 1/30th of the **Monthly Benefit** shown in **Your Schedule**.

**Doctor:** A qualified medical practitioner registered with the General Medical Council, and working in the **UK**. A **Doctor** who confirms **Your Accident** or **Sickness** cannot be **You**, a member of **Your Immediate Family**, or **Your** employer.

**Employed:** Working under a permanent contract of employment, receiving a salary or wage, and the employer is deducting **UK** Income Tax and National Insurance contributions on the basis applicable to employees.

**End Date:** The date **You** cover ends as set out in General Conditions 2.

**Excess Period:** The number of days at the start of a claim when **You** are not entitled to any benefit. The **Excess Period You've** chosen is shown in **Your Schedule**.

**Exclusion Period:** A period of time after the **Start Date**, during which there is no cover for **Unemployment**. This is shown on **Your Schedule**.

**Gross Monthly Income:** If **You're Employed** or a **Contract Worker**, **Your** average monthly gross taxable earnings (excluding overtime, bonuses or commission payments) for the 12 months immediately preceding the **Start Date**, or the **Amendment Date** for any increase in **Monthly Benefit**, or the start of a period of claim.

If **You're Self-Employed**, the monthly average of the annual income **You** declared to HM Revenue & Customs on **Your** Self-Assessment tax return for the tax year preceding the **Start Date**, or the **Amendment Date** for any increase in **Monthly Benefit**, or the start of a period of claim.

**Immediate Family:** **Your** husband, wife, partner, civil partner, parent, child.

**Insurer:** UK General Insurance Limited on behalf of Great Lakes Insurance SE

**Job Centre:** The relevant office of the Department for Work and Pensions, Department for Social Development (Northern Ireland), or any office or department replacing these.

**Monthly Benefit:** The amount of monthly cover **You** will receive in the event of a claim, as shown in **Your Schedule**. This is subject to the **Policy** limit, a percentage of **Your** Gross Monthly Income and/or **Your** Mortgage or Rental Payments.

**Normal Pregnancy:** Symptoms which normally accompany pregnancy (including multiple pregnancy) which are generally of a minor and/or temporary nature (e.g. morning **Sickness**, fatigue etc.) and which don't represent a medical hazard to mother or baby, or a combination of minor symptoms; and childbirth, including delivery by caesarean section or any other medically or surgically-assisted delivery which doesn't cause medical complications.

**Payment in lieu of Notice:** Any payment **You** receive relating to the notice period **Your** employer gives **You** under the terms of **Your** contract or any compensation payment made for loss of office including any payments made as compensation under a settlement agreement

**Period of Insurance:** The period of time from the **Start Date** shown in **Your Schedule** to the earliest occurrence of one of the events shown in General Conditions 2.

**Permanently Retire:** **You** have stopped working, and have no intention of returning to **Work**.

**Policy:** The contract of insurance between **You** and the **Insurer**.

**Policyholder:** The person named in the **Schedule**.

**Pre-Existing Condition:** Any disease, illness or injury - including related medical conditions - which in the 12 months before the **Start Date** or the Amendment Date shown in **Your Schedule**:

- i. **You** have received a consultation, medication, monitoring advice or treatment for; or
- ii. **You** were made aware of, or had experienced symptoms of (whether or not a diagnosis has been made)

**Premium:** The amount **You** pay for the **Policy**. This is shown in **Your Schedule**.

**Schedule:** The document which includes **Your** personal details and specifies the cover provided by **Your Policy**.

**Self - Employed:** Working alone or in association with **Self - Employed** others, (whether in a partnership, or as a member of a Limited Liability Partnership) and being liable to pay Income Tax and National Insurance contributions on the basis applicable to the **Self - Employed**; or being an employee of a **Business** or company in which **You** or any of **Your Immediate Family** have a shareholding of 25% or more.

**Sickness:** A physical or mental condition for which **You** are receiving treatment from a **Doctor** or **Consultant**, and which prevents **You** from carrying out **Your** normal occupation, or any other **Work You** are able to do, given **Your** experience, education or training.

**Start Date:** The date cover starts, as shown in **Your Schedule**.

**Temporary Work:** Working under a contract of Employment for a fixed or indefinite period which is not intended to be permanent.

**Terrorism:** Means any direct or indirect consequence of **Terrorism** as defined by the **Terrorism Act 2000** and any amending or substituting legislation.

**UK:** England, Scotland, Wales and Northern Ireland

**UK Resident:** Living permanently in the **UK**, with permission to do so.

**Unemployed/Unemployment:** Being entirely without **Work** for payment or reward, registered as **Unemployed** at a **Job Centre**, and be able to prove **You** are applying for jobs - and actively seeking - **Work**. **We** will not consider **You** as **Unemployed** for any day **You** receive Payment In Lieu Of Notice.

**War:** Means any direct or indirect consequence of **War**, civil **War**, invasion, acts of foreign enemies (whether **War** be declared or not), rebellion, revolution, insurrection, military or usurped power, or confiscation, nationalisation, requisition, destruction of or damage to property by or under the order of any government, local or public authority.

**We, Us, Our:** The **Insurer**. The **Administrator**, or the **Claims Handler**.

**Work, Worked:** Working at least 16 hours per week in the **UK** - on an **Employed, Self-Employed**, or **Contract Worker** basis - in any paid occupation **You're** able to do, given **Your** training, education and ability.

**You, Your, You're, You've:** The person named in the **Schedule**.

## Your Insurance Options

This insurance has three options, so that the cover can be tailored to **Your** individual circumstances.

1. **Your Income** - **Your** average monthly gross taxable earnings (excluding overtime, bonuses, dividends or commission payments).
2. **Your Rent** - **Your** monthly rental payment.
3. **Your Mortgage** - **Your** monthly mortgage repayment

Please check **Your Schedule** to make sure **You** have selected the option that is right for **You**.

It is **Your** responsibility to make sure that this **Policy** and the options **You've** chosen meet **Your** needs, both now and in the future.

## Types of Cover

There are three cover options for **You** to choose from:

1. **Accident, Sickness and Unemployment** cover will give **You** the broadest cover if **You** need to make a claim.
2. **Accident and Sickness** only cover means **You** won't be able to make a claim for **Unemployment** or **Caring**. If **You** become **Unemployed** during an **Accident** or **Sickness** claim, and become eligible to receive any form of state **Unemployment** benefit, **Your** payments will stop.
3. **Unemployment** only cover means that **You** won't be able to make a claim for **Accident** or **Sickness**. If **You** suffer an **Accident** or **Sickness** during an **Unemployment** claim and become eligible for any form of state incapacity benefit, **Your** payments will be suspended until **You're** fit to **Work** again

Please check **Your Schedule** to make sure **You** have selected the option that is right for **You**.

## Benefit

### How long can I be covered for?

There are four Benefit **Periods** to choose from:

1. 6 months
2. 12 months
3. 18 months
4. 24 months

Please check **Your Schedule** to make sure **You** have selected the option that is right for **You**.

## How much can I be covered for?

If **You** have selected:-

### 1. **Your** Income

The maximum **Monthly Benefit** is £5,000 or 50% of **Your** Gross Monthly Income, whichever is lower. The amount of cover that **You've** chosen is shown in **Your Schedule**. In the event of a claim, **We** will ask for evidence of **Your** Gross Monthly Income. If this differs from the amount **You've** told **Us**, then **We** will adjust the amount of **Monthly Benefit** that **We** pay to **You** based on this.

### 2. **Your** Rent

The maximum **Monthly Benefit** is **Your** rental payment + 50% to allow for other related expenses. This is subject to the **Policy** limit which is £3,000 or 50% of **Your** Gross Monthly Income, whichever is lower. The amount of cover that **You've** chosen is shown in **Your Schedule**. In the event of a claim, **We** will ask for evidence of **Your** Rental Payment and Gross Monthly Income. If this differs from the amount **You've** told **Us**, then **We** will adjust the amount of **Monthly Benefit** that **We** pay to **You** based on this.

### 3. **Your** Mortgage

The maximum **Monthly Benefit** is **Your** mortgage repayment + 50% to allow for other related expenses. This is subject to the **Policy** limit which is £5,000 or 65% of **Your** Gross Monthly Income, whichever is lower. The amount of cover that **You** have chosen is shown in **Your Schedule**. In the event of a claim, **We** will ask for evidence of **Your** Gross Monthly Income. If this differs from the amount **You** have told **Us**, then **We** will adjust the amount of **Monthly Benefit** that **We** pay to **You** based on this.

### 4. Additional Policies

The maximum **Monthly Benefit** allowed under this and any other **Policy** is limited to a maximum of 50% of **Your** Gross Monthly Income. All benefits over 50% of **Your** Gross Monthly Income will be deducted in the event of a claim.

Please check **Your Schedule** to make sure **You've** selected the option that is right for **You**.

The amount of **Monthly Benefit** doesn't change automatically with any increase or decrease in **Your** income amount, rental payment or mortgage repayment. **You** need to notify **Us** of any change in circumstances.

**You** can't change the **Monthly Benefit** amount during a claim.

Conditions apply to any increase in **Monthly Benefit** after the **Start Date**, and these may affect any payments **You** receive if **You** make a claim. General Condition 5 gives details of conditions that apply.



## Eligibility

This section applies to all cover types

**You're** eligible for cover if, at the **Start Date** of the **Policy**:

5. **You're** aged between 18–64 years; and
6. **You Work** at least 16 hours per week on an **Employed, Self - Employed** or **Contract Worker** basis; and
7. **You've Worked** continuously for 6 months before the **Start Date** on an **Employed, Contract Worker** or **Self - Employed** basis; and
8. **You** live and **Work** permanently in the **UK**; and
9. **You** are actively in employment at inception of the **Policy**; and
10. **You** have a tenancy agreement for a property in the **UK** that **You** live in or intend to live in permanently, or
11. **You** have a mortgage that is not in arrears

**You** are not eligible for cover if:

1. **You're** aware or suspect- at or before the **Start Date** - that **You** may become **Unemployed**; or
2. **You Work** on a casual, **Temporary** or seasonal basis; or
3. **You're** aware or suspect - at or before the **Start Date** - that **You** may stop **Work** to become a **Carer**.

## What is the Excess Period?

This is the number of days at the start of a claim when **We** do not pay benefit.  
Please check **Your Schedule** to make sure **You** have selected the option that is right for **You**.

### Accident and Sickness Cover

There are 5 options to choose from:

Excess Period Selected	Days before You can Claim	Your first claim payment will be made
0 Days	30 Consecutive Days of <b>Sickness</b>	31st Day
30 Days	30 Consecutive Days of <b>Sickness</b>	61st Day
60 Days	60 Consecutive Days of <b>Sickness</b>	91st Day
90 Days	90 Consecutive Days of <b>Sickness</b>	121st Day
180 Days	180 Consecutive Days of <b>Sickness</b>	211st Day

## Unemployment only Cover

There are 5 options to choose from:

Excess Period Selected	Days before You can Claim	Your first claim payment will be made
0 Days	30 Consecutive Days of <b>Unemployment</b>	31st Day
30 Days	30 Consecutive Days of <b>Unemployment</b>	61st Day
60 Days	60 Consecutive Days of <b>Unemployment</b>	91st Day
90 Days	90 Consecutive Days of <b>Unemployment</b>	121st Day
180 Days	180 Consecutive Days of <b>Unemployment</b>	211st Day

If **You** make a claim for **Unemployment** and **You** receive a **Payment In Lieu Of Notice**, the **number of days before You can claim** won't start until the **Payment In Lieu Of Notice** period has ended or the date **You** awarded the appropriate **Unemployment** benefit from the **Job Centre**.

**You** must decide the **number of days before You can claim** when **You** take out the **Policy** – **You** can't change this when **You** make a claim.

**You're** responsible for any of **Your** monthly outgoings that are due for payment during the **excess period**. **Your** benefit won't be paid during this period.

## Accident and Sickness Cover

**Your Schedule** will show if **You've** got this cover.

### What is covered?

**You** can make a claim for **Accident** or **Sickness** during the **Period of Insurance** if **You're** certified as being unfit for **Work** - by **Your Doctor** or **Consultant** - for longer than the **Excess Period** shown in **Your Schedule**.

**You** can claim again for a re-occurrence of the same **Accident** or **Sickness** if **You've** returned to **Work** for less than 30 days after a paid claim. **We** will treat the two periods as a continuous claim and pay a total benefit, for the two periods, up to the maximum stated in **Your Schedule**. **Your Doctor** or **Consultant** must certify **You** as unfit for **Work**. The **Excess Period** won't apply to the second period of the claim.

**You** can claim again for a re-occurrence of the same **Accident** or **Sickness** if **You've** returned to **Work** for more than 30 days after a paid claim. **Your Doctor** or **Consultant** must certify **You** as unfit for **Work** for longer than the **Excess Period** shown in **Your Schedule**.

**You** can claim for a different, unrelated **Accident** or **Sickness** if **You've** returned to **Work** for more than 30 days after a paid claim. **Your Doctor** or **Consultant** must certify **You** as unfit for **Work** for longer than the **Excess Period** shown in **Your Schedule**.

**You** can claim for **Unemployment**, if this cover is shown on **Your Schedule**, if **You've** returned to **Work** for more than 30 days after a paid claim. **Your Doctor** or **Consultant** must certify **You** as unfit for **Work** for longer than the **Excess Period** shown in **Your Schedule**.

For example, if **You** make a successful claim for illness, then return to **Work** for 25 days, but are then signed off again for the same reason, this would be treated as an extension of the first claim. If **Your** sign off was after 30 days from the initial absence, then this would be treated as a new claim with a new **Excess Period**.

### How is the benefit calculated and paid?

**Your** claim - and the **Excess Period** - begins on the date **Your Doctor** or **Consultant** certifies **You** as being unfit for **Work**.

#### For 0 Days Cover

If **Your Accident** or **Sickness** last longer than 30 days, **We** will pay one **Monthly Benefit** at the end of the 30 day period. Then, for each consecutive day **Your Accident** or **Sickness** continues, **You** will accrue **Daily Benefit** until the maximum number of **Monthly Benefit** payments stated in **Your Schedule** has been paid, or until **You** are fit to return to **Work**, whichever happens first. Payments will be made in arrears at 30 day intervals to a bank account in **Your** name.

## For 30 Days, 60 Days, 90 Days and 180 Days

**You** will accrue **Daily Benefit** for each consecutive day **Your Accident** or **Sickness** continues after the **Excess Period** until the number of **Monthly Benefit** payments stated in **Your Schedule** has been paid, or until **You** are fit to return to **Work**, whichever happens first. The first payment will be made 31 days after the **Excess Period** ends, and further payments will be made in arrears at 30-day intervals to a bank account in **Your** name.

### Here as two examples

#### Example 1

#### Mick has chosen an Excess Period of '0 days'

Mick suffers an **Accident** and is certified as unfit for **Work** for 41 days.

After 30 days, one **Monthly Benefit** is paid. After a further 30 days, the remaining 11 days' benefit is paid.

#### Example 2

#### Nicola has chosen an Excess Period of '30 days'

Nicola has an illness and is certified as unfit for **Work** for 69 days.

After 61 days, one **Monthly Benefit** is paid. And after a further 30 days, the remaining 9 days' benefit is paid.

If **Your Doctor** or **Consultant** certifies that **You** are well enough to return to **Work** on a part-time or reduced-hours basis, and **Your** income is reduced accordingly, **We** will pay a reduced benefit in proportion to the number of hours **You** normally **Work**.

For example: Before being declared unfit to **Work**, Mary **Worked** 30 hours per Week. After two months her **Consultant** certifies that she is Well enough to return to **Work** for 15 hours per Week. Mary had been receiving £1000 benefit per month. While she works 15 hours (a reduction of 50%) she receives £500 per month (50% of what she was previously receiving).

After 4 months her **Consultant** certifies that she is fit to return to **Work** for 30 hours per Week. From this time Mary receives no further benefit.

## When **You** benefit payments will stop

**You** benefit payments will stop at the earliest occurrence of the following:

1. When **You** recover from **Your Accident** or **Sickness**; or
2. When **We** have paid the maximum number of **Monthly Benefit** payments stated in **Your Schedule** for a single claim; or
3. When **You** return to **Work**; or
4. The date **You** stop paying the **Premium**; or the date **You** or **We** cancel the **Policy**; or
5. The date **You Permanently Retire**; or
6. The date of **Your** 65th birthday; or
7. The date **You** cease to be permanently resident in the **UK**, or at the property stated in **Your Schedule**
8. When **You** die.

## What is not covered?

**We** won't pay benefit if **Your Accident** or **Sickness**:

Is caused by a **Pre-Existing Condition**. This exclusion won't apply if this **Policy** replaced **Accident and Sickness** cover held under another **Policy** for the 12 months immediately before the **Start Date** of this **Policy**; or if **You** have not had symptoms, consulted a **Doctor**, received treatment or taken medication for a **Pre-Existing Condition** in the last 24 months.

Is caused by backache or a back-related condition, unless there is radiological evidence of medical abnormality, visible wound, contusion, or **You** are referred to a **Consultant** by **Your Doctor** and provided that the condition solely prevents **You** from **Working**, **Your** claim will be considered from the date of diagnosis by the **Consultant** until **You** are released from their care; or

Is caused by stress, anxiety, depression or any nervous disorder, unless diagnosed by a **Consultant** or **Psychiatrist** referred by **Your Doctor** and , provided that the condition solely prevents **You** from Working, **Your** claim will be considered from the date of diagnosis by the **Consultant** or **Psychiatrist** until **You** are released from their care; or

Is a result of taking alcohol or drugs (unless taken under the direction of a **Doctor** in the prescribed manner and dosage); or

Is caused by a self-inflicted injury, self-harm, or **Your** deliberate or reckless exposure to danger (except in an attempt to save human life); or

Is caused by the symptoms of **Normal Pregnancy**. **We** may refer **You** to a **Doctor** who specialises in obstetrics for an opinion on whether the condition is associated with a **Normal Pregnancy**; or

Is caused by treatments or surgeries which are not medically necessary to maintain **Your** quality of life and which are carried out at **Your** request (including beauty treatment or cosmetic surgery); or

Occurs while **You** are **Unemployed** or a **Carer**

**We** won't pay any benefit if **You** don't comply with any requirements included in the General Conditions.

## Unemployment cover

**Your Schedule** will show if **You've** got this cover.

### What is covered?

**You** can make a claim for benefit during the **Period of Insurance** if **You** become **Unemployed** or a **Carer** for a period longer than the **Excess Period** shown in **Your Schedule** and:

1. **Your** employment ends unexpectedly due to circumstances beyond **Your** control; or
2. **You** stop **Work** to become a full time **Carer** for a member of **Your Immediate Family**.

**You** may make a further **Unemployment** claim if **You** have returned to full-time employment for at least three consecutive months following the previous **Unemployment** claim, provided that the previous claim was for a period of less than the maximum number of months benefit stated in **Your Schedule**.

However, if two periods of **Unemployment** are separated by less than three consecutive months of full-time employment, **We** will treat them as one continuous period of **Unemployment** for the purposes of calculating the maximum **Monthly Benefit** s payable. However, no **Monthly Benefit** will be payable for the time of employment in between.

If **We** have paid the maximum number of **Monthly Benefits** for a single claim, **You** may only make a further **Unemployment** claim if **You** have returned to full-time employment for at least six months.

Statutory maternity or paternity leave can form part or all of the three or six month periods.

**You** must have returned to **Work** for at least one month before **You** can claim under the **Accident** and **Sickness** section of **Your Policy**, if this cover is shown in **Your Schedule**.

### How Your benefit is calculated and paid

**Your** claim - and the **Excess Period** - begins on the date **You** first become **Unemployed**. If **You** stop **Work** to become a **Carer**, **Your** claim begins once **You** stop **Work** and start receiving Carers Allowance.

#### For 0 Days Cover

If **Your Unemployment** lasts longer than 30 days, **We** will pay one **Monthly Benefit** at the end of the 30 day period. Then, for each consecutive day **Your Unemployment** continues, **You** will accrue **Daily Benefit** until the maximum number of **Monthly Benefit** payments stated in **Your Schedule** has been paid, or until **You** find **Work**, whichever happens first. Payments will be made in arrears at 30 day intervals to a bank account in **Your** name.

#### For 30 Days, 60 Days, 90 Days and 180 Days

**You** will accrue **Daily Benefit** for each consecutive day **Your Unemployment** continues after the **Excess Period** until the number of **Monthly Benefit** payments stated in **Your Schedule** has been paid, or until **You** find **Work**, whichever happens first. The first payment will be made 31 days after the **Excess Period** ends, and further payments will be made in arrears at 30-day intervals to a bank account in **Your** name.

If **You** receive a payment of wages or salary instead of working **Your** notice period, **We** will consider **You**

to be working for the notice period, and **Your** claim cannot begin until this period ends.

If **You** take **Temporary Work** during a period of claim, **We** will suspend any payment for the period of **Work**. Benefit can be suspended for up to 6 months. If **You** enter a Government training scheme during a period of claim, payment of benefit will continue as long as **You** continue to seek **Work**.

#### Example 1

### Andrew has chosen an Excess Period of '0 days'

Andrew is **Unemployed** for 55 days. After 30 days, one **Monthly Benefit** is paid.

After a further 30 days, the remaining 25 days' benefit is paid.

#### Example 2

### Julia has chosen an Excess Period of '30 days'

Julia is a **Carer** for 84 days. After 60 days, one **Monthly Benefit** is paid.

After a further 30 days, the remaining 24 days' benefit is paid.

## When Your claim payments will stop

**Your** benefit payments will stop at the earliest occurrence of the following:

1. When **You** return to **Work**; or
2. When **You** stop being a **Carer**; or
3. When **We** have paid the maximum number of **Monthly Benefit** payments stated in **Your Schedule** for a single claim; or
4. On the date **You Permanently Retire**; or
5. On the date of **Your** 65th birthday; or
6. On the date **You** stop paying the **Premium**; or on the date **You** or **We** cancel the **Policy**; or
7. On the date **You** cease to be permanently resident in the **UK** or the date **You** cease to be a resident at the property stated in **Your Schedule**; or
8. On the date the tenancy agreement ends (unless **You** renew it or **You** enter into a new tenancy agreement which **You** have told **Us** about); or
9. When **You** die.

## What is not covered?

### Your Exclusion Period:

1. **You** become **Unemployed** or a **Carer** within the **Exclusion Period**.
2. **You** are made aware by any means of anything that might lead to **You** becoming a **Carer** or **Your Unemployment**, notwithstanding that no specific reference has been made to **Your** personal situation and that becoming a **Carer** or **Your Unemployment** may not take place until after the **Exclusion Period**. This exclusion won't apply if this **Policy** replaced **Unemployment** cover held under another **Policy** for the 6 months immediately before the **Start Date** of this **Policy**;

## We will also not pay benefit if:

1. **You** knew or should have reasonably known at the **Start Date** of any circumstances that may result in **You** becoming **Unemployed** or a **Carer**, notwithstanding that no specific reference has been made to **Your** personal situation. This condition won't apply if this **Policy** replaced **Unemployment** which includes **Carers** cover held under another **Policy** for the 6 months immediately before the **Start Date** of this **Policy**; or
2. **Your Unemployment** is due to **Your** resignation (other than to become a Carer), voluntary redundancy or voluntary **Unemployment** - except where voluntary redundancy is claimed under section 146 or 148 of the 1996 Employment Rights Act; or
3. **Your Unemployment** is due to disciplinary action by **Your** employer as a result of misconduct, breach of contract or fraud; or  
**Your Unemployment** is notified if :-
  - i) **You** are covering **Your Income** -The first 120 days from the **Start date** of this insurance **Policy**.
  - ii) **You** are covering **Your Rent** - The first 120 days from the **Start date** of this insurance **Policy**.
  - iii) **You** are covering **Your Mortgage** -
    - a) The first 60 days from the **Start date**, if **You** arranged this insurance **Policy** on or before the completion of **Your Mortgage** or Re-mortgage
    - b) The first 90 days from the **Start date**, if **You** arranged this insurance **Policy** after the completion of **Your Mortgage**.
5. **You** become **Unemployed** because **You** failed a probation period with **Your** employer ; or
6. **Your Unemployment** is as a result of **War** or **Terrorism**.
7. **You're** already receiving benefit for an **Accident** or **Sickness** claim.
8. Jobseeker's Allowance or National Insurance credits are withheld due to **Your** refusal to enter a Jobseeker's Agreement, or refusing an opportunity of a place on a prescribed course or programme.
9. If **You** are **Self – Employed** and **You** cannot provide evidence that **You** have permanently **Ceased to Trade** due to circumstances entirely beyond **Your** control and if **You** are a controlling Director, **You** cannot provide evidence that **Your** company has been wound up by a creditor who is not a Director of **Your Business**; or
10. If **You** are **Self – Employed** and **You** cannot provide evidence that **You** have:
  - a. Filed closing accounts with the Inland Revenue if **You** operate alone; or
  - b. Had **Your Business** put in the hands of an insolvency practitioner following the actions of a third party outside of **Your Business**; or
  - c. had **Your** partnership dissolved and final accounts filed with the Inland Revenue following the actions of a third party outside of **Your Business**.

**We** won't pay any benefit if **You** don't comply with any requirements included in the General Conditions.



## Career Support Service

If **Your Schedule** shows that **You** have selected **Unemployment** Cover then this **policy** includes access to a telephone and Web based Career Support Service provided by Working Transitions.

### What is covered?

#### Unlimited, bespoke telephone advice from a dedicated Personal Career Manager

- Identifying values, key skills, strengths and achievements
- Raising self-awareness of **Your** employability and transferability
- Identification of career options
- CV best practice advice- ensuring **You** have a strong marketing document tailored to **Your** desired industry/position.
- Effective job campaigning – the five routes to uncover vacancies.
- Professional online Networking – bespoke guidance on **Your** LinkedIn profile and how to utilise LinkedIn as a successful job hunting tool
- Interview techniques and meeting skills best practice
- Successful salary package negotiation and new job transitioning
- Advice on other potential career options such as contracting

#### 24/ 7 Access to Our Infinity On-line

- Career Planning
- CV builder
- Online job hunting advice
- Direct links to the best job sites including Indeed and Reed
- Example CV's and Cover Letters
- Access to the **UK's** largest career video library
- Self-employment advice
- Developing **Your** resilience
- Applying for jobs
- Direct access to **Your** Personal Career Manager
- Webinars covering a range of job hunting topics

To activate the service simply go to;

<https://wtinfinityonline.com/register/Source-Insurance/Apr2084>

or call **01604 744100**.

## How do I make a claim?

UK General Insurance Limited is an agent of Great Lakes Insurance SE and in matters of a claim act on behalf of Great Lakes Insurance SE.

### 1) To make a claim under any other part of Your Policy , please contact the Claims Handler

By telephone: 0344 4124082

By post: Protection Claims PO Box 1190, Doncaster, DN1 9PS

### 2) Gather information

To process **Your** claim quickly **We** will need information about the circumstances that led to **Your** claim. The claim form has all the questions, but **You** will also need to gather the following:

a. For **Accident** or **Sickness** claims – confirmation from **Your Doctor** that **You're** unfit for **Work**, confirmation that **You Worked** 16 hours or more per week prior to the claim and details about **Your Accident** or **Sickness**.

*Evidence could include but is not limited to: A fit note signed by **Your Doctor** , Payslips, **Your Doctor** and/or employer completing the relevant sections of **Your** claim form.*

b. For **Unemployment** claims – confirmation from **Your Job Centre** that **You're** registered as **Unemployed**, and confirmation from **Your** last employer or **Your** accountant that **You've** stopped Work due to circumstances outside **Your** control.

*Evidence could include but is not limited to: **Your** employer or accountant completing the relevant sections of **Your** claim form. A letter from the Job Centre confirming **Your** entitlement to the appropriate Unemployment benefit.*

c. For all claims – evidence of **Your Gross Monthly** Income for the 12 months immediately before the claim.

*Evidence could include but is not limited to: Payslips and P60; or tax self-assessments and/or accounts if **You** are **Self-Employed**.*

d. For claims following the transfer of cover from another provider - evidence that the **Policy** was in force, details of the cover provided, and confirmation that **Premiums** were paid for 12 months (**Accident** and **Sickness** claims) or 6 months (**Unemployment** or **Carer** claims) immediately before the **Start Date**.

*Evidence could include but is not limited to: **Your** previous **Policy Schedule** and/or bank statements confirming payment of **Your** previous insurance **Premium**.*

e. Evidence of your mortgage or rental agreement where applicable

### 4) Submit Your claim

Please provide any requested documents and information to support **Your** claim as soon as possible and as directed by the **Claims Handler**.

## Continuing claim

If **Your** claim for **Accident, Sickness** or **Unemployment** is accepted for payment, **We** will contact **You** every month to ascertain the following details:

### Accident/Sickness

1. A declaration from **You** that **You're** unfit for **Work**
2. Confirmation from **Your Doctor** or **Consultant** that **You're** unfit for **Work**

### Unemployment

1. A declaration from **You** that **You're** actively seeking **Work**
2. At least three pieces of evidence that **You're** actively seeking **Work**, such as job applications or rejections; and
3. If **You're** receiving Jobseeker's Allowance payments, an original or certified copy of **Your** bank statement(s) showing those payments for the period **You're** claiming for; and
4. Evidence of the appropriate **Unemployment** benefit being paid.

### Carer

1. A declaration from **You** that **You're** a **Carer**
2. Proof of **Your Carers Allowance**

## What about medical reports and fees?

**We** usually accept certified copies of a medical certificate issued by **Your Doctor** or the medical questionnaire contained in **Our** claim form and continuing claim forms. In some cases, **We** may require additional information in order to process **Your** claim, such as medical records and employer reports. **We** will not pay any costs or fees **Your Doctor** may charge for providing this information.

If **We** require a medical report, or if **We** need **You** to undertake a medical examination in order to accept or process **Your** claim, we'll arrange this with a **Doctor** or **Consultant** of **Our** choice. **We** will notify **You** in writing of **Our** decision and **We** will pay any charges or fees the **Doctor** or **Consultant** may charge for providing this information.

### Personal visit

**We** may arrange for an agent representing **Us** to visit **You**. The purpose of any such visit will be to gather information relating to **Your** claim to ensure accurate assessment of **Your** claim. It is important that **You** are available for any such visit. If **You** fail to be available, **We** won't pay any further benefit unless circumstances beyond **Your** control led to **You** being unavailable for the visit.

### State benefits

If **You** receive benefit under this **Policy**, it may affect **Your** entitlement to benefits paid by the Department for Work & Pensions, Department for Social Development (Northern Ireland) or **Your** local authority. **You** should inform the agency paying benefits to make sure **Your** entitlement isn't affected.

## Switching benefits

If **Your Schedule** shows that **You** have **Accident, Sickness** and **Unemployment** cover, **You** may switch between **Unemployment, Accident** or **Sickness** claims (and vice versa). The total claim period will be no more than the maximum number of **Monthly Benefit** payments stated in **Your Schedule**. For the second or subsequent part of a claim, benefit will be payable from the first day of **Unemployment, Accident** or **Sickness**.

## Change in circumstances

**You** must tell **Us** as soon as possible if:

1. **You're** receiving benefit for **Unemployment** and suffer an **Accident** or **Sickness**; or
2. **You're** receiving benefit for **Accident** or **Sickness** and **You** become **Unemployed**; or
3. **You're** receiving benefit for **Unemployment** and **You're** going to start **Temporary Work** (**You** must contact **Us** before **You** start this **Work**).

**You** must take all reasonable steps to keep the period of claim as short as possible.

## General Conditions of Your Policy

(Applying to all sections of this **Policy**)

1. Keeping to the terms of the **Policy**

**We** will only give **You** the cover described in the **Policy** and shown on **Your Schedule** if:

- **You** pay the **Premium** on the agreed date; and
- When making a claim **You** meet all of the conditions as far as they apply; and
- **You** have taken reasonable care to ensure that declarations made and information given to **Us** orally, electronically or in writing which form the basis of this **Policy**, are complete, accurate and true; and
- **You** tell **Us** immediately of any changes in **Your** circumstances that may affect **Your** Lifestyle insurance and the cover provided.

2. Cancelling **Your Policy**

If **You** decide that for any reason, this **Policy** does not meet **Your** insurance needs, then **You** may cancel this **Policy** within 30 days from the day of purchase or the day on which **You** receive **Your Policy** documentation, whichever is the later. On the condition that no claims have been made or are pending, **We** will then refund **Your Premium** in full.

If **You** wish to cancel **Your Policy** after 30 days, **You** will be entitled to a pro-rata return of premium.

**We** shall not be bound to accept renewal of any insurance and may at any time cancel any insurance document by giving 14 days notice in writing where there is a valid reason for doing so. A cancellation letter will be sent to **You** at **Your** last known address. Valid reasons may include but are not limited to:

- a) Where **We** reasonably suspect fraud
- b) Non-payment of **Premium**
- c) Threatening and abusive behaviour
- d) Non-compliance with **Policy** terms and conditions
- e) **You** have not taken reasonable care to provide complete and accurate answers to the questions **We** ask.

Where **Our** investigations provide evidence of fraud or misrepresentation, **We** may cancel the **Policy** immediately and backdate the cancellation to the date of the fraud or the date when **You** provided **Us** with incomplete or inaccurate information, which may result in **Your Policy** being cancelled from the date **You** originally took it out and we will be entitled to keep the premium.

If **Your** policy is cancelled because of fraud or misrepresentation, this may affect **Your** eligibility for insurance with **Us**, as well as other insurers, in the future.

If **We** cancel the **Policy** and/or any additional covers **You** will receive a refund of any **Premiums You** have paid for the cancelled cover, less a proportionate deduction for the time **We** have provided cover.

If **You** choose to cancel **Your** insurance, simply notify the **Administrator** at

Source Insurance  
Drake House,  
Plymouth Road,  
CF64 3TP

Alternatively, contact the Source Insurance on **02920 265 265** or email **help@thesource.co.uk**

3. Keeping **Your** information up to date

**You** must tell **Us** as soon as possible about any changes that may affect **Your Policy** cover.

Here is a list of changes **You** must tell **Us** about:

- if **You** change from being **Employed** to **Self-Employed**; or
- if **You** start a period of **Temporary Work, Contract Work**, seasonal or casual **Work**; or
- if **You** stop working; or
- if **Your Gross Monthly** Income changes by more than 10% from the amount declared to **Us**.
- if **You** start to **Work** outside the UK; or
- if **You** hold any other insurance to protect **Your Gross Monthly Income**; or
- if **You** permanently retire.

This isn't a complete list and **You** should contact **Us** if **You're** unsure as to whether a change of circumstances may affect **Your Policy**. When **You** tell **Us** of a change of details, **We** will re-assess the **Premium** and terms of **Your Policy**. **You'll** be advised of any changes to the **Premiums** or terms, and asked to agree before any change is made. In some circumstances **We** may not be able to continue **Your Policy**. In this case, the **Policy** will be cancelled in line with the provisions of General Conditions 3.

4. Radiation

This **Policy** does not cover any direct or indirect consequence of irradiation, or contamination by nuclear material; or the radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter; or any device or Weapon which employs atomic or nuclear fission or fusion or other comparable reaction or radioactive force or matter.

5. Electronic Data

This **Policy** does not cover any consequences, however caused including but not limited to Computer Virus in Electronic Data being lost, destroyed, distorted, altered, or otherwise, corrupted.

For the purposes of this **Policy**, Electronic Data shall mean facts, concepts and information stored to form usable data for communications, interpretations, or processing by electronic or electromechanical data processing or other electronically controlled hardware, software and other coded instructions for the processing and manipulation of data, or the direction and manipulation of such hardware.

For the purposes of this **Policy**, Computer Virus shall mean a set of corrupting, harmful, or otherwise

unauthorised instructions or code, whether these have been introduced maliciously or otherwise, and multiply themselves through a computer system or network of whatsoever nature.

#### 6. War

This **Policy** does not cover any direct or indirect consequence of war, civil war, invasion, acts of foreign enemies (whether war be declared or not), rebellion, revolution, insurrection, military or usurped power, or confiscation, nationalisation, requisition, destruction of a damage to property by or under the order of any government, local or public authority.

#### 7. Terrorism

This **Policy** does not cover any direct or indirect consequence of terrorism as defined by the Terrorism Act 2000 and any amending or substituting legislation.

#### 8. Changes **You** can make to **Your Policy**

**You** can increase or decrease **Your Monthly Benefit** by contacting Source Insurance on: **02920 265 265** or email **help@thesource.co.uk**

Any increase in **Monthly Benefit** won't be applied to a claim pending a decision or already in course of payment, or to any of the following:

- a claim for an **Accident** or **Sickness** that **You** knew about on or before the **Amendment Date**; or
- a claim for a **Pre-Existing Condition** that reoccurs within 24 months of the **Amendment Date**; or
- a claim for **Unemployment** occurring within 120 days of the **Amendment Date**; or
- a claim for **Unemployment** that **You** knew about - or should have reasonably known about - on the **Amendment Date**

#### 9. Changes **We** can make to **Your Policy**

**We** can review the **Premium** at renewal and this may increase, decrease or stay the same. The terms and conditions of the **Policy** maybe changed, **We** will always give **You** at least 30 days' notice of the change in writing, and it will be sent to the address that **You** have told **Us** is **Your** home address.

The circumstances that may give rise to a change in **Premium** or to the terms and conditions of the **Policy** are:

- claims experience; or
- changes in legislation, taxation or interest rates; or
- to improve the clarity of **Your** terms and conditions.

If **You're** unhappy with any changes **We** make, **You** can cancel **Your Policy** in accordance with the general conditions.

#### 10. Fraud

**You** must not act in a fraudulent way. If **You** or anyone acting for **You**:

- fails to reveal or hides a fact likely to influence whether **We** accept **Your** proposal, **Your** renewal, or any adjustment to **Your Policy**;
- fails to reveal or hides a fact likely to influence the cover **We** provide;
- makes a statement to **Us** or anyone acting on **Our** behalf, knowing the statement to be false;
- sends **Us** or anyone acting on **Our** behalf a document, knowing the document to be forged or false;
- makes a claim under the **Policy**, knowing the claim to be false or fraudulent in any way; or
- makes a claim for any loss or damage caused deliberately or with **Your** knowledge.

- If **Your** claim is in any way dishonest or exaggerated,

**We** will not pay any benefit under this **Policy** or return any **Premium** to **You** and **We** may cancel **Your Policy** immediately and backdate the cancellation to the date of the fraudulent claim. **We** may also take legal action against **You** and inform the appropriate authorities.

#### 11. Governing Law

Unless some other law is agreed in writing, this policy is governed by English law. If there is a dispute, it will only be dealt with in the courts of England or of the country within the United Kingdom in which **Your** main residence is situated.

#### 12. Rights of Parties

A person or company who is not a party to this **Policy** has no right under the Contracts (Rights of Third Parties) Act 1999, or any subsequent legislation, to enforce any term of this **Policy**. This doesn't affect any right or remedy of a third party which exists - or is available - apart from such Act.

#### 13. Other insurance

If **You** claim under this **Policy** for something which is also covered by another insurance **Policy**, **You** must provide **Us** with full details of the other insurance **Policy**. **We** will only pay **Our** share of the claim.

#### 14. Consumer Insurance Act 2012

**You** are required by the provisions of the Consumer Insurance (Disclosure and Representations) Act 2012 to take care to:

- a) supply accurate and complete answers to all the questions **We** or the **Administrator** may ask as part of **Your** application for cover under the **Policy**
- b) to make sure that all information supplied as part of **Your** application for cover is true and correct
- c) tell **Us** of any changes to the answers **You** have given as soon as possible.

**You** must take reasonable care to provide complete and accurate answers to the questions **We** ask when **You** take out, make changes to and renew **Your Policy**. If any information **You** provide is not complete and accurate, this may mean **Your Policy** is invalid and that it does not operate in the event of a claim or **We** may not pay any claim in full.

## Renewal of Your Policy

**Your Policy** is an annual **Policy** and will automatically renew each year, unless **You** have informed us that **You** would like to cancel cover. **We** will contact **You** within 21 days of **Your Policy** renewal date to inform **You** of any changes to **Your Policy**, with details of **Your** next year's **Premium** and any applicable **Excesses**.

If **You** previously paid **Your Premium** by credit/debit card, **You** will need to contact **Us** in order for payment to be collected from **Your** chosen credit/debit card. If **You** pay **Your Premium** by monthly direct debit then payments will continue following renewal.

## Privacy Notice

**We** are UK General Insurance Ltd, referred to as "**we/us/our**" in this notice. **Our** data controller registration number issued by the Information Commissioner's Officer is Z7739575.

This privacy notice is relevant to anyone who uses **Our** services, including policyholders, prospective policyholders, and any other individuals insured under a policy. **We** refer to these individuals as "**you/your**" in this notice.

**We** are dedicated to being transparent about what **We** do with the information that **We** collect about you. **We** process your personal data in accordance with the relevant data protection legislation.

Why do **We** process **Your** data?

The provision of **Your** personal data is necessary for **Us** to administer **Your** insurance policy and meet **Our** contractual requirements under the policy. **You** do not have to provide **Us** with **Your** personal data, but **We** may not be able to proceed appropriately or handle any claims if **You** decide not to do so.

What information do **We** collect about **You**?

Where **You** have purchased an insurance policy through one of **Our** agents, **You** will be aware of the information that **You** gave to them when taking out the insurance. The agent will pass **Your** information to **Us** so that **We** can administer **Your** insurance policy.

For specific types of insurance policies, for example when offering **You** a travel insurance policy, **We** may process some special categories of **Your** personal data, such as information about **Your** health.

**We** have a legitimate interest to collect this data as **We** are required to use this information as part of **Your** insurance quotation or insurance policy with **Us**. **We** may also process the data where it is necessary for a legal obligation, or as part of the establishment or defence of a legal claim.

UK General's full privacy notice

This notice explains the most important aspects of how **We** use **Your** data. **You** can get more information about this by viewing **Our** full privacy notice online at <http://ukgeneral.com/privacy-notice> or request a copy by emailing **Us** at [dataprotection@ukgeneral.co.uk](mailto:dataprotection@ukgeneral.co.uk). Alternatively, **You** can write to **Us** at: Data Protection, UK General Insurance Ltd, Cast House, Old Mill Business Park, Gibraltar Island Road, Leeds, LS10 1RJ.

## Financial Services Compensation Scheme

Great Lakes Insurance SE is covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme, in the event that the **Insurer** cannot meet its obligations.

This depends on the type of business and the circumstances of the claim. Most insurance contracts are covered for 90% of the claim with no upper limit. You can get more information about compensation scheme arrangements from the FSCS or visit [www.fscs.org.uk](http://www.fscs.org.uk).

**You** may also contact the FSCS on their Freephone number: 0800 678 1100 or 020 7741 4100 or **You** can write to: Financial Services Compensation Scheme, PO Box 300, Mitcheldean, GL17 1DY.

## Making a Complaint

**We** care about the service **We** provide to **you** and **We** make every effort to maintain the highest possible standards. If **You** have any questions about the **policy** please ask us. Please have this document available so that **We** can deal with **Your** enquiry speedily.

Although **We** set ourselves high standards, if **We** do not meet **Your** expectations and **You** are dissatisfied in some way **We** would like to know. If **You** follow the guidelines below, **Your** complaint will be dealt with in the most efficient way possible.

Any complaints about the sale or administrator of this **Policy** should, in the first instance, be made to the:



Complaints Manager  
Source Insurance  
Drake House,  
Plymouth Road  
CF64 3TP  
Telephone: 02920 265265  
Email: complaints@thesource.co.uk

Any complaints about claims should be directed to:

Trent Services (Administration) Ltd  
Trent House  
Love Lane  
Cirencester  
Gloucestershire  
GL7 1XD

Telephone: 01285 626 020 who will respond to any complaint within 10 days.

If it is not possible to reach an agreement, **You** have the right to make an appeal to the Financial Ombudsman Service. This also applies if You are insured in a business capacity and have an annual turnover of less than €2 million and fewer than ten staff. **You** may contact the Financial Ombudsman Service at:

Financial Ombudsman Service  
Exchange Tower  
London E14 9SR

Telephone: 0300 123 9 123  
Email: complaint.info@financial-ombudsman.org.uk  
Website: www.financial-ombudsman.org.uk

The above complaints procedure is in addition to **Your** statutory rights as a consumer. For further information about **Your** statutory rights contact **Your** local Citizens Advice Bureau.

If **You** have purchased the insurance policy online, **You** may also raise **Your** complaint via the EU Online Dispute Resolution Portal at <http://ec.europa.eu/consumers/odr/>. This will forward **Your** complaint to the correct Alternative Dispute Resolution scheme. For insurance complaints in the UK this is Financial Ombudsman Service. However, this may be a slower route for handling **Your** complaint than if **You** contact the Financial Ombudsman Service directly.